

YOUR NAME / ADDRESS / PH. # (cell)

Kimberly Hohmann

#1 NAME / BIRTHDATE / SCAR & PAIN  
(you) C-section 6-10  
lower Back

#2 " " Nick Hohmann  
(kid) OLAVS

" " Scar Lower Right Abdomen (6-10 pain)  
~~Lower Back~~ pain Lower Back 5-8 2-3g

#3 CAT' Hohmann  
(kid) Catherine

" " Right Thigh (5-8 pain)  
Scar Left Thigh

#4 Sofia Koszoru  
(kid)

Lower Back pain-5-9  
Scar ~~5-8~~ pain